If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

That I attanded deceased from

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921 -	Run over by street car	1 week ago
Cerebral hemarrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
→ nàs			
		,	

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
---------------------	------------	------------	----	-----------

AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate. mation should be carefully supplied.

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 06500
1. PLACE OF DEATH	8 94
County Cecu	Registration Dist. No.
Village or City deslie	NoSt.,Ward
The state of the s	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,
9 1 . 0	
2. FULL NAME dansal Unmou	If U.S. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. St. Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
TOR DIVORCED (quite the word)	June 23 1935
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded dacaased from
June 2 3 to	June 73 1935 g June 23 1935
6. DATE OF BIRTH (month, day, and year)	Mast saw h W dive on Mul Voy June 23, 19.35 ; daath is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the data stated abova, at 2.68.02 m.
ormin.	Tha PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: Date of onest
8. Trada, profession, or particular kind of work done, as SPINNER,	f f
SAWIER, DUURRELLER, dit.	penaline regardion
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc	pp/
O 10. Data daceasad last worked at 11. Total time (years)	X rallita
O this occupation (month and spent in this year) occupation	
re minus according to the Lead :	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Earle nelson armou	
E C C C	Nama of operation Data of
[Stata or country]	What test confirmed diagnosis? Was there an eutopsy?
I 15. MAIDEN NAME	
E Carrey Just M. Daly	23. If death wes due to external causes (VIOL ENCE) fill in elso the following: Accidant, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
80100	(Specify city or town, county and State)
17. INFORMANT (Addrass) have la Care P. D. J.	Spacify whathar Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mennar of Injury
Placa Conegar Ceweley Data June 13 8	Natura of injury
SACOND BY	24. Was disaasa or injury in any way related to occupation of daceased?
19. UNDERTAKER SPORTS (Address)	If so, specify
1-7-11-35 7 15 0000	(Signed) X: Thagraw, M.
20. FILED 6 24 3, 19 Registrar.	(Address) Jernfulle Md
	2411 N. Charles Street, Baltimore, Requesting V. No. z.

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Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

IK .	STATE OF MARYLAND—	CERTIFICATE OF DEATH 06501
/	1. PLACE OF DEATH	92:0
	County Occil Oa Maryland	Registration Dist. No. 95
	Village or City Colora	No. St., Ward
-	Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	2. FULL NAME Leve Reece a	Thirson
	(a) Residence: No. Oolora,	St., Ward.
6.0	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
58	HUSBAND of Corp. Wife of 2/eslee C. Ochinosa	22. I HEREBY CERTIFY. That I attended deceased from
•	B. DATE OF BIRTH (month, day, and year) Och 4 18.50	Mast saw h was alive on 1936; death is said
_	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1 2 2000m.
6	84 8 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
SING	kind of work done, as SPINNER,	derro Aclerosis
-	9. Industry or business in which	Colomic matter astro
	work was done, as SILK MILL, SAW MILL, BANK, etc	
00	11. Total time (years) spent in this occupation (month and 1920 spent in this occupation.	
	WD-1	Other Contributory Causes of importance:
12	2. BIRTHPLACE (city or town) of the Maryland (State or country) (See Lev Maryland	
GUI.		
FATH	14. BIRTHPLACE (city or town) Secret Leo, Mile	Name of operation Date of
-	(State of country)	What test confirmed diagnosis? Was there an autopsy?
HFF	15. MAIDEN NAME Olyabeth Hahorey	23. If death was due to external causes (VIOL ENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town) Well Col Miles	Accident, suicide, or homicide?
-	(State or country)	Where did injury occur? (Specify city or town, county and State)
1	7. INFORMANT MD, Sawson Jove (Address) 19 olana, ma,	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
1	8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place Jose & and Date June 17, 1935	Nature of injury
1	9. UNDERTAKER J. E. Tysom. (Addiess) Pishon Sun Md.	24. Was disease or injury in any way related to occupation of deceased?

MARGIN RESERVED FOR BINDING

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
L.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

nfor- state JPA-	. STATE OF MARYLAND—	CERTIFICATE OF DEATH 06502
	1. PLACE OF DEATH	(92)
should f OCC	County 6 ccc	Registration Dist. No. 27
sho of O	Village or City Flear Costo Vac	No
INS INS ent	Length of residence in city or town where death occurredyrsmos.	
Every CIANS tement	2. FULL NAME Kalfsh Cornes Barre	If U.S. Veteran apecify WAR
CORD. Every PHYSICIANS act statement	(a) Residence: No. Del Levy (Usual place of abode)	St., Ward. If nonresident give city or town and State
ECO PH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY. E	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Surge	21. DATE OF DEATH (Month) (Day) (Year)
NDING RMANENT X A C T L Y classified.	5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. HEBEBY CERTLEY, That I attanded deceased from
BINDIN EEMAN EXAC y classifite.	2.0 9 1618	19 7 to Jan 18 , 19 7 to
BI PEI I E	6. DATE OF BIRTH (month, day, and year) 7. AGE / 5 Years 4 Months 9 Days If LESS than	to have occurred on the data stated above, at
FOR BI IS A PE stated E properly certificate	1 day, -/	The PRINCIPAL CAUSE OF DEATH and related causes of importance
- 00 00 00	8. Trade, profession, or particular	Selled by Lightning Pare
RESERVED G INK—THIS GE should be that it may be ons on back of	9 Industry or husiness in which	J 1936
ERVI VK—T should it may n back	work was done as SII K MHH	
TSE INI E sl it it	SAW-MILL, BANK, etc. 10. Data deceased last worked at firm() this occupation (month and / p ; - yaar) yaar) Occupation	
7 4 - 0	Aug 1	Other Contributory Causes of Importance:
ADIN d so ructi	12. BIRTHPLACE (city or town) Ceccle Cor and	- Court
MARGIN WITH UNFADI efully supplied. in plain terms, se ant. See instruct	13. NAME Colifford & Barrell	
M.A. H. U. suljin t	13. NAME Colyford & Barrell 14. BIRTHPLACE (city or town) New Goldy (State or country) mary	Name of operation / Po paralless Date of
WITH efully in pla ant.		What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? Value to external causes (VIOLENCE) fill in also the following:
	15. MAIDEN NAME Camber Moore Jerguan 16. BIRTHPLACE (city or town) Hear Rusges See	Accident, subside, or homicite? Queller Data of Injury Jan 18, 19 38
AINLY, Id be can DEATH	E (State or country) maryland	Where did injury occur? At Home: (Specify city or town, county and State)
	17. INFORMANT Clifford & Barrell	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PLA Should OF D	(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Struck by Righting
F-7 02	× Place Brooksiew Date June 21, 1933:	Nature of injury
WRITE mation s	19. UNDERTAKER Mis Jennie W Taylor	24. Was disease or injury in any way related to occupation of deceased? No
S. No.	(Address) Reding Sun Mg	If so, specify Series Torstand M.D.
N. X. N.	20. FILED 6/ 0/ 1307 - Registrar.	(Signed) (Address) Library Fron (u.f. M. D.
alm	- FINAL II I DOWN IN	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEIREAU Y			
Other contributory causes of importance:		Other contributory causes of importance:	
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Other contributory causes of importance:		Other contributory causes of importance:	
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06505
1. PLACE OF DEATH County Village or City Rising Sun	
	Registration Dist. No. 95
Village or City Resurg Sun.	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 60 yrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME James m. Burkin	
(a) Residence: No. Skiring	St.29, Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (swrite the word) Married Ma	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of Ollfred Burkins (or) WIFE of Ollfred Burkins	22. 6 I HEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH (month, day, and year) march, 1. 1865	Hest saw hele -alive on 6 - 12 1935; deeth is seid
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12 2 som
70 3 16 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Bolynne Data of one of
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which	Mershal
work was done, as SILK MILL.	nessin,
D ID. Date deceased last worked at 11. Total time (years)	
this occupation (month end year) - Line - 1/235 - occupation - occupation	
	Dther Contributory Causes of importance:
(State or country) Hayland & . md,	
13. NAME William P. Shade	
	· · · · · · · · · · · · · · · · · · ·
14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of
15. MAIDEN NAME many Southerland	Whet test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIDLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
001-16	(Specify city or town, county and State)
(Address) Bisses And	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION OF REMOVAL	Manner of injury
Place Brown Date Mine 20, 1935	Nature of Injury
10 HADEDTAKED LE TILL	
19. UNDERTAKER (Address)	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 6 24 213 Wolfing at De Registrar.	(Signed) (Address) Court of Sun M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

Length of residence in city or town where deeth occurred. 2. FULL NAME (I) (a) Residence: No. (Lipth blace of abode) PERSONAL AND STATISTICAL PARTICULARS (SEX (A) COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, ORDINARY (II) (II)	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village of City Length of residence in city or town where deeth occurred	1. PLACE OF DEATH	— RE
Color of residence in city or town where deeth occurred yrs mos ds How long in U.S. if of foreign birth? yrs mos ds	County Leads	Registration Dist. No.
(a) Residence: No. Low Clayboard Land St. Ward. PERSONAL AND STATISTICAL PARTICULARS ISEX 4. COLOR OR RACE S. SINKLE MARRIED, WIDOWED III merried, widowed, or divorced (sex) WHE East	Village or City Tot Deposit!	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
(a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS I. SEX 4. COLOR OR RACE OR DAYORCE Converted with the second of the secon	Length of residence in city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE OR DIVORCED (wine the word) OR DIVORCED (wine the word	2. FULL NAME Michael Larlo,	
SEX 4 COLOR OR RACE OR DIVORCED (write the word) 3. If merried, widowed, or divorced HUSBAND of (Casy) 1. DATE OF BIRTH (month, dey, and year) 2. DATE OF BIRTH (month, dey, and year) 1. DATE OF BIRTH (month, dey, and year) 1. DATE OF BIRTH (month, dey, and year) 2. Trede profession or particuler 3. AGE 4. Trede profession or particuler 3. AGE 4. Trede profession or particuler 5. SAWYER, BOOKEEPER, etc. 6. SAWYER, BOOKEEPER, etc. 8. SAWYER, BOOKEEPER, etc. 8. SAWYER, BOOKEEPER, etc. 9. SAWYER, BOOKE	(a) Residence: No. Lort Depositives (Used place of abode)	C, St., Ward. If nonresident give city or town and State
a. If merried, widowed, or divorced (G1) - MARE - G4 (G2) - MARE - G4 (G2) - MARE - G4 (G2) - MARE - G4 (G3) - MARE - G4 (G2) - MARE - G4 (G3) - MARE - G4 (G2) - MARE - G4 (G3) - MARE - G4 (G4) - MARE - G4 (G3) - MARE - G4 (G4) - MARE - G4 (G4) - MARE - G4 (G3) - MARE - G4 (G4) - MARE	PERSONAL AND STATISTICAL PARTICULARS	A
a. Il merried, widowed, or divorced HUSBAND of HUBBAND	OR DIVORCED (write the word)	WML 2 1935
19. DATE OF BIRTH (month, dey, end year) 19. DATE OF BIRTH (month, dey, end year) 19. Days 11 LESS then 11 dey, br. 11 dey, br. 12 deeth is set 12 to heve occurred on the date steted abyve, et. b. a.m. 13 Trede, profession, or particuler 13 NAME 14 Date of BIRTH (month, dey, end year) 15 Trede, profession, or particuler 15 Name of Date of Indiana 16 Name of Date of Indiana 17 Name of Date of Indiana 18 Name of Operation. 19. J.	5a. If merried, widowed, or divorced	
DATE OF BIRTH (month, dey, end year) AGE Years Months Days If LESS then 1 dey, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: Date of ones in which work was done, as SILK MILL, SAWN HILL, BANK, etc. Date of ones the same of operation. SAWNER, BOOKKEEPER, etc. BIRTHPLACE (city or town) (State or country) The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: Date of ones in the principal causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: Date of ones in the principal causes of importance were es follows: Date of ones in the principal causes of importance: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: Date of ones in the principal causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: Date of ones in the principal causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: Date of ones in the principal causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: Date of ones in the principal causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: The PRINC		X M 44 40 9 25
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The state of country of the state of country of the state	kind of work done, es SPINNER, Ralare - SAWYER, BOOKKEPPER, etc.	
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Other Contributory Causes of importance: Contributory Causes of importance: Other Contributory Causes of importance:	SAW MILL, BANK, etc.	- phylorus.
Other Contributory Causes of importance: Other Contributory Causes Other Contributory Other C	this occupation (month and spent in Alis	<u> </u>
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAT Place (Address) 19. UNDERTAKER (Signed) (Signed) (Signed) (Signed) (Signed)	01 1 1	Other Contributory Causes of importance:
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Whet test confirmed diegnosis? Wes there en autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAT Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Specify city or town, county and State) 19. UNDERTAKER (Specify city or town, county and State) Nature of Injury 24. Was disease or injury in eny way releted to occupation of deceesed? 15. Whet test confirmed diegnosis? Westhere en autopsy? 26. Bill in also the following: Accident, suicide, or homicide? Date of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) (Signed) (Signed)		
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(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place W. Friends John John John John John John John John	16 DIDTUDIACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAT Place W. Friends John John John John John John John John	(Stete or country)	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAT Place ML: Gringen Date 6 - 1, 1931 Nature of Injury 19. UNDERTAKER (Address) (Address) 24. Was disease or injury in eny way releted to occupation of deceesed? If so, specify (Signed) (Signed)	17. INFORMANT Mary Pergins of Children (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER (Address) (Address) 24. Was disease or injury in eny way releted to occupation of deceesed? If so, specify (Signed) (Signed)	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
19. UNDERTAKER James James 19. UNDERTAKER James 24. Was disease or injury in eny way releted to occupation of deceesed? (Address) James 19. Under	Place Mt. Tringlewy Date 6 - 5 , 1935	Nature of Injury
20. FILED 6/5 1935 L. F. Sanders. (Signed) It Little of the M.	19. UNDERTAKER Perins flow Sou!	
	20, FILED 6/5 1935 L. F. Sanders.	(Signed) (Signed) (Signed)

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Other contributory causes of importance:		Other contributory causes of importance;	
Gallstones	May 1,1923	Gastroenteritis	1 year

ė.	+ te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor	state UPA.	1. PLACE OF DEATH,	(84)
		County Cecil	Registration Dist. No. 92
item	should of OCC	Village or City Ellton (IF	No. Wiron Hosp. St., Ward death occurred in a hospital or institution, givents NAME instead of street and number)
11 ~	00		ds. How long in U.S. if of foreign birth?yrsmosds.
Every	CIANS	2. FULL NAME Porfaut Cova	0
	SIC	(a) Residence: No.	St., Ward.
3	S	(Usual place of abode)	If nonresident give city or town and State
5	PE	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
THE REAL PROPERTY.	EX. EX.	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Day) (Year)
INC	A C T I	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
N N	X A	^	, 19.33 , to 33 , 19.33
BIN	y te.	6. DATE OF BIRTH (month, day, and year) June 5- 1935	I lest saw harmalive on January death is seld
R A	stated E properly certificate	7. AGE Years Months / Days If LESS than 1 day,hrs.	to have occurred on the date stated ebove, et
FO IS	stated proper	6 ormin.	were as follows:
- 70	be i	8. Trede, profession, or particular kind of work doma, as SPINNER, SAWYER, BOOKKEEPER, etc	
VED THIS		7 Mindustry or husiness in which	1000000
M I	should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc	
RESER G INK-	sh it	10. Data deceasad last workad at this occupation (month and spant in this	
RE G		year) occupation	Other Contributory Causes of Importence:
Z	plied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Class Tou	moure 47
	ed.	(State or country) Waryland.	Bassensent, P
LAR(UNF	erms, instri	13. NAME CHIEF STORY	8 Calllan 1307.
MA	e t	4 14. BIRTHPLACE (city or town)	Nama of operation Dete of
E	nlly splain	(State of country)	What test confirmed diagnosis? Was thera an autopsy?
E	carefully TH in pla ortant.	15. MAIDEN NAME Glew Congo 16. BIRTHPLACE (city or town) Childs Leed.	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
H	ort;		Accident, suicide, or homicide? Date of Injury, 19
	ld be carefu DEATH in y important	(State or country)	Whera did injury occur? (Specify city or town, county and State)
PLAI	DIO	17. INFORMANT Clie Covao	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
	shou E OF is ver	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
		Place Udas Atul Date gime 11, 19.35	Nature of injury
WRIT	CAUSH TION	19. UNDERTAKER none - parents	24. Was disease or injury in any way related to occupation of deceased?
No. 1	EOH	(Address)	If so, specify
S. B.	12	20, FILEDRUM 12, 1935 Johns Fragos	(Signed) M. D
> Z		Régistrar.	(Address) - Called G. Serre - Mill
		If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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HUREAU	_ S		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1 N. B.—

STATE OF MARYLAND	CERTIFICATE OF DEATH 06508
1. PLACE OF DEATH) , /	(R)
County CC 1	Registration Dist. No. 97
Village or City Elklon, Ind.	No. Union Status St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME alpenne wan	els
(a) Residence: No. Elfelow, Ind. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	M. LUEDERY GERTISY THAT WAS A
(or) WIFE of	22. HEREBY CERFIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 12/9/1905	I last faw h. (A) alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
29 29 7 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
Z Rade, profession, or perticular	Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	seemed there degree,
and Industry or business in which work wes done, as SILK MIXL arba freeworks Plat SAW MILL, BANK, etc	button & catere body /w/si
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MIXL SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this company) spent in this	
this occupation (month an 6/12/3) spent in this 4 mo	
Jourse 100l	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	LW a o.
13. NAME V.S. Daniels	
13. NAME 14. BIRTHPLACE (city or town) Joursel Lee	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Hannahy Celson	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Hamaly Celson 16. BIRTHPLACE (city or town) Mt. Classification	Accident, suicide, or homicide of the Date of injury 6/12/19.35
State or country)	Where did injury occur? The toy to toy
17. INFORMANT Scennal Raniels	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME of in PUBLIC PLACE.
(Address) Layla Bridge, Walnue	I Sodusty A. D.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Burns Clustery for
Place Joursand Pul Date 6 1933	Nature of injury
19. UNDERTAKER Les tra Dames	24. Was disease or inful in any way related to occupation of deceased? If so, specify the first the second start
20. FILED June 17, 1935 J. Deans Jack	(Signed) Multing the Smeker M. D. (Address) E Water M. D.
	2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

CEDTIFICATE OF DEATH

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Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	ACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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PERM BIND

FOR K S

MARGIN RESERVED

UNFADING INK

WITH

B.--Every Item of

S. No. 1

	Registration Dist. No.
Village or City Cicilton (No.	Registration Dist. No.
	St.: Ward) (If death occ a hospital or tion, give its N stead of str.
2FULL NAME William B. L) avis number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
mule White SHIPED MARRIED, WIDOWES, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decease
Sept. 12, 1861	June 22 1936 to June 22
	that I last saw hearalive on the ZZ
1 day bro	and that death occurred on the date stated above, at 2.2. The CAUSE OF DEATH * was as follows:
73 yrs. 9 mos. 10 de. or min.?	Coronary thromboses
a D CUPATION (a) Trade, profession or Thericular kind of work Harmer	<u> </u>
particular kind of work General nature of industry	
business, or establishment in mich employed or (employer)	(Duration)yrsnios
9 BIRTHPLACE	Contributory arteriosclerosc
(State or country) Cesil Co.	Secondary
Cell Co.,	Secondary Barrens 1552
10 NAME OF July M. Davis	(Signed) Dillies - 00 +
10 NAME OF FATHER John Mr. Davis 11 BIRTHPLACE OF FATHER (State or country) Cecil Cv.,	(Signed)
10 NAME OF FATHER John W. Davis 11 BIRTHPLACE OF FATHER	(Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF STATE OF MOTHER OF MOTHER 13 BIRTHPLACE	(Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) Cecil Cv., 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) *State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions ients or Recent Residents) At place In the Of Cathering of State
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) Cecil Cv., Cones Cones Cones Cones Cones Cones Cones	(Signed)

Registrar

If more bianks are needed, address State Registrar, 46 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement whatever, write None. household only (not paid Housekeepers who receive a to report specifically the occupations of persons ent," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) without more precise specification as Day (b) Automobile factory. The materia For persons who have no occupation Salesmon. (b) Grocery

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Agc," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Mcdical Association. (Recommendations on statement of cause of Never report mere symptoms or terminal condicough; (hronic valvular heart etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

1. PLACE O	F DEATH			(35)	7010
County	Cecil	WITHIN O	DEPORATE LM	Registration Dist. No. 92	
Village or (city Elkton,	ld.		No. St.,	Ward
Length of ras	idence in city or town where d	eath occurred	lifes mos	death occurred in a horpital or institution, give its NAME instead of street and nds. How long in U.S. If of foreign birth?yrsmo	umber)
2. FULL NA	M 0-4	therine 1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		on. Md.		Ch Ward	
(a) Resider	nce: No. Elkte	(Usual place	of abode)	St., Ward. If nonresident give city or town and	State
PERSON	NAL AND STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
s. sex Female	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH June 6th, 1935 (Month) (Day)	193
5a. If married, widov HUSBAND of					
(or) WIFE of	Jestus C. Duml	oar.		22. I HEREBY CERTIFY, That I attended of January 1931, 19, to June 6th, 19	
6. DATE OF BIRTH	(month, day, and yeer) Ap	ril 16.	1866	Hest sew h. er elive on June 5th, 1935 19	: deeth is said
7. AGE Yea		Deys	If LESS than	to have occurred on the data stated above, at 4.45 . A.m. M.	
	69 1	21	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:	D. L. C.
8. Trade, profa	ssion, or perticular work done, as SPINNER.	Mana		Chronic Colon Infection	Date of onset
SAWIEK	BOOKKEEPER, etc business in which	None		of B ladder about 10 year	8
work wa	is done, as SILK MILL, LL, BANK, etc				
10. Date deceas	ed lest worked et opetion (month and	spe	time (yeers) Int in this Upation	3	
	ity or town) Ceci	l County	. Md .	Other Contributory Causes of Importence:	
(State or cou		2.			
13. NAME JE	ames Thomas St		D 0		
	E (city or town)	shington	. D. C.	Neme of operation Date of	
15. MAIDEN NA	ME Marjorie Ga	llagher		What test confirmed diagnosis? Was there an au	
16. BIRTHPLACE	E (city or town) Ceci.		i.	23. If deeth was dua to external causes (VIOLENCE) fill in also that following: Accident, suicide, or homicide?	
17. INFORMANT (Address)	Mrs. Harry	Purnell		Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMAT		_Dete June	8 ,1935	Manner of injury	
19. UNDERTAKER (Address)	Elkton 2	ispin	·	24. Was disease or injury in any way releted to occupation of deceased? No)
20. FILEO June	8 1975 / 3	ausi o	Bayer	(Signed) J. H. May Th	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	i i	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BEDEAL W. S		e ,	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroen teritis '	1 year

	A. A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH	511
	state UPA-	1. PLACE OF DEATH	(E)	-
1	ould OCC	County Cecil	Registration Dist. No. 47	
	8 - 1	Village or City & election	NoSt.,	Ward
		(If	death occurred in a hospital or institution, give its NAME instead of street and a \(\hat{\rho}_{\text{o}} \)	
	Every MANS ment	Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. If of foreign birth?yrsmo	3
	ED. Every FSICIANS statement	2. FULL NAME Shelma Win	wentay of north Each Me	1
	RD. YSI stal	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and	State
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	RECC PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
	HA	Temale Jule te OR DIVORCED (write the word)	(Month) (Day)	, 193 <u>(Year)</u>
D.	T I ied.	5a. If married, widowad, or divorcad		* 1
	IANI A C 7 sssifi	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended	deceesed from
BIN	cla X	6. DATE OF BIRTH (month, day, and year) June 3, 1914		. : death is said
m	PE E	6. DATE OF BIRTH (month, day, and year) Tunce of the State of the Stat	to have occurred on the data stated above, at 6.45 a.m.	, 00001113 3010
OR	IS A PE stated E properly certificate.	21 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
F			were as ronows.	Date of onset
VED	HIS be be of	Trada, profession, or particular kind of work dona, as SPINNER, Cacken Fire Work SAWYER, BOOKKEEPER, atc.	3rd degree Stano of	cl. 1
VE	ould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	enter body	9/2/3
SER	20 .5			
RES	1 m + 0	10. Data decaasad last workad et this occupation (month and year)		-
田田		math Each	Othar Contributory Causes of importance:	
Z	L. so ucti	12. BIRTHPLACE (city or town) (State or country)		
ARGIN	(FA	II 13. NAME Samuel Dunlas		
A		I	Name of operation Date of	
1	y sulain t	14. BIRTHPLACE (city or town)	What tast confirmed diagnosis? Was there an a	autopsy?
-	WITI efully in pla ant.	15. MAIDEN NAME Qlanche Grant	23. If death was due to external causes (VIDLENCE), fill in also tha following	4
		16. BIRTHPLACE (city or town) North Cast	Accidant, suicida, or homicide	12,193
	NLY, be call ATH mport	(State or country)	Where did injury occur? (Specify city or town, county and State	(e)
	DE	17. INFORMANT Mrs Hilda Long	Spacify whather injury occurred in INDUSTRY, in HOME or in PUBLIC PL	ACE.
,	PLA hound OF D	(Address) North Rock MA	2 1 + dant	1.6
	E W E	Place 1 total Carl M. C. Data June / 4 1935	Manner of injury and olar of Jurage ward with	
	-WRITE mation s CAUSE TION is	0.124	Nature of Injury	Ver
+ +	ma CA TI	19. UNDERTAKER TOSLOG . A Charles (Address)	24. Was disaasa or injury in any way related to occupation of decaased?	4
No.	B.		(Signad) Starley D. Oeffer	2
Þ.	z (T)	20. FILED June 13, 1935 of Dans Registration	(Addrass) // Cons	orex

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
* ALL IS 1839			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	1. PLACE O	beer	i		Regis	stration Dist. No. 95
		City Risin	9 Dun	(I	No. f death occurred in a hospital or institution, give isds. How long in U.S. if of foreign l	St., War
	2. FULL NA (a) Residen	nce: No.	oby Del (Usual place	Naff ce of abode)	St., Ward.	onterident give city or town and State
		NAL AND STAT	ISTICAL PART	TICULARS	MEDICAL CERTIF	ICATE OF DEATH
	Itemale	4. COLOR OR RACE	OR DIVORC	ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH	M lo ,193 (Year)
Name of Street, or other Persons	5a. If married, widov HUSBANO of (or) WIFE of	wed, or divorced			22. HEREBY CEN	RTIFY. That I attended deceased from
		(month, day, and year)	June . 66		I last sawn alive on Soul	0 1936 ; death is sa
				If LESS than 1 day,hrs. ormin.	to have éccurred on the data stated above, a The PRINCIPAL CAUSE OF DEATH and rais wera as follows:	
-	E N SAWYER	ession, or particular work dona, as SPINNER R, BOOKKEEPER, etc businass in which	· none	_	J J 1 3 1	
White the spinish	Work wa SAW MI	is done, as SILK MILL, LL, BANK, etcsed last workad at	11. Total	time (vears)	Jour Dilling	-
	O this occu	ity or town)Ru	sing Su	time (years) ant in this cupation	Other Contributory Causes of importance:	
	1	Frank	Duris	1	-	
•		E (city or town) W r country)	ashingt	n Pa,	Name of operation What tast confirmed diagnosis?	Date of
	15. MAIDEN NA	AME naney	E. Wedo	lle.	23. If death was dua to external causas (VIOL	
	16. BIRTHPLACE	E (city or town)r country)	I lost	(a)	Accident, suicida, or homicide? Whera did injury occur?	
	17. INFORMANT M. (Address)	no Frank	2 Dung	nd.	Specify whether injury occurred in INDUST	fy city or town, county and State) RY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMAT	~)- W-1	chan Data fe	col. 17, 1935	Manner of injury	
The second	19. UNOERTAKER (Address)	y Rising	sun h	<i>A</i>	24. Was discasa or injury In any way related	4
	20. FILED PLANES	1 31	0	-	(Signed)	authorithm M

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonițis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			Hard and

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	Registration Dist. No. 93
Village or City near Big Elle	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidenca In city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Janes	
(a) Residence: No. (Usual place of abode)	St., Ward. & Chalen PD # 2 If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Limite 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Oay) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from , 19, to
6. DATE OF BIRTH (month, day, and year) 7-1862	I last sew h alive on, 19; death is said
7. AGE Yaars Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated ebova, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Date ot onset
8. Treda, profassion, or particular kind ot work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Midustry or business in which work was done, as SILK MILL, SAW MILL, BAKK, etc. 10. Date dacaasad last workad at this occupation (month and year) 11. Total time (yeers) spent in this occupation	Chronic grygandilus and Cullend Jacknosis Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) A arrive (State or country)	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmad diagnosis? Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	23. If death was due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicida?
18. BURIAL, CREMATION, OR REMOVAL, newarls Bal	Manner of Injury
Place Head of Christiang Oats June 18 , 1932	Neture of Injury
19. UNDERTAKER Hoseph Theur	24. Was disease or injury in any way related to occupation of dacaasad?
20. FILEO Registrar.	(Addrass) Corore

If mare blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
/			

ADDITIONAL SPACE FOR FURTHER ST	FATEMENTS BY PHYSICIAN
Or withousalen of date of	death see
form letter filed undel	Jellen 7-76 35
0	100 1 B

V. S. No. 1 Ω,

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(22.6)
County Cecel	
Village or City Olkton	No. Ward St., Ward (death occurred in a horpital or institution, give it NAME instead of street and number)
	sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Heury &	etelier
(a) Residence: No. Mullington), W	last, y laward , If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 3. SEX 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended daceasad from
6. DATE OF BIRTH (month, day, and yaer)	Vlast saw h A aliva on June 26 135 death is said
7. AGE Years Months Deys If LESS than	to heve occurred on the data stated abova, at 1.4.5 P. m.
about 55 ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPPER, etc	Intestinal oblinition June 20.
Midustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	193
10. Oate decaasad lest workad et this occupetion (month and spant in this	Cause of intestinal obstouction: Unknown!
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME	
13. NAME 14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation Oats of What test confirmed diagnosis? Was there an aulopsy?
IS. MAIDEN NAME	23. If daath was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Union Tookhal record (Addrass) Whom The	Where did Injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place Chies country House June 27, 193	Manner of injury
19. UNOERTAKER 24. W. Piggier (Address) Section Line	24. Wes disaase or injury in any wey related to occupation of deceased?
20. FILED June 27, 1935 James Doug E Registyler.	(Signad) Serving Cars M. D. (Address) Cardpealety Medi
,	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MICROSOLITAN SE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			L

E RD. Every item of infor-PHYSICIANS should state of OCCUPA-Ac. Exact statement mation should be carefully supplied. AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS IS A PERMANE. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be N. B.—WRITE PL. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06515
County Cecil	107-a
	Registration Dist. No.
	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos	ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Then tell	
(a) Residence: No.	St., Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
meals Colored Married (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Let A 000-	1 HEREBY CERTIFY That I attended deceased from
	19 35, to sine 6, 19 35
6. DATE OF BIRTH (month, day, and year) alle 34 - 18 /J	Mast saw h. 2 alive on May 10, 1935; death Is said
7. AGE Years Months Deys If LESS than 1 day, hrs. or min.	to heve occurred on the dete stated above, at /2-7/m. The PRINCIPAL CAUSE OF DEATH and related gauses of importance were as follows:
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Date of oneset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, es SILK MILL. SAW MILL, BANK, etc. 10. Dato deceased last worked et this occupation (month and	Wilatation - June 6.
10. Dato deceased last worked et this occupation (month and year) 11. Totel time (years) spent in this occupation	<i>H</i>
Co- '7+50	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Pom a la faire
	1/981
14. BIRTHPLACE (city or town) Ceretton—	Name of operation
(Stete or country) Child.	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Sough Jane Warden	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sook Pare Worden 16. BIRTHPLACE (city or town) afflering al (State or country) On A,	Accident, suicide, or homicide?
17. INFORMANT MA Deing Haber Rister)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, COMATION OF REMOVACY PIECO POPULATION OF PIECO POPULATION OPPULATION OPPULATIO	Manner of Injury
19. UNDERTAKER AND TO THE STATE OF THE STATE	24. Wes disease or Injury In any way related to occupation of deceased?
20. FILED THEY 8 1935 Howard	(Signed) Calle a cine to add M. D. (Address) Calla D. D. d.
Registrar.	(Audiess)

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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ory Causes of Imp	portance:				
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nad diagnosis?	Hah	y ke	Was the	e an autop:	sylve
us to axtarnal co				lowing:	
, or homicida?	- uc	Date	of injury	,	19
occur?injury occurred	(Specif In INOUSTR	y city or tow RY, In HOME,	n, county an or in PUBLI	d State) C PLACE,	
r injury in any		to occupation	of deceasa	17 hr	
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Registrar.

(Signed)

(Addrass)

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Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1915	Run over by street car	1 week ago
			1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 06517
1. PLACE OF DEATH	
County Clee	Registration Dist. No. 76
Village or City Conownso	No. St., Ward
Length of rasidance in city op jown where daath occupredmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Still Born &	illy-
(a) Residence: No. (Usual place of abode)	St., J Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE OR DIVONCED (spire the word)	21. DATE OF DEATH (Day) 70 193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY ERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) - WWW 70-1935	I last sew her sunged June 20, 19 3 5 daeth is said
7. AGE Gars Months Oays If LESS than	to have occurrad on the data statad above atm.
Tell Jonn of min.	The PRINCIPAL CAUSE OF DEATH and related causas of importanca were as follows:
8. Trede, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Lebera tem
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. ladustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this pecupation (most) and	of Placents.
10. Date decessed last worked at this occupation (month and year)	0
12. BIRTHPLACE (city or town) Snowingo,	Other Contributory Causes of importance:
(State or country) Maryland.	
13. NAME MATTURE F. KELLY. 14. BIRTHPLACE (city or town). asign county.	
14. BIRTHPLACE (city or town) asta Countly	Name of operation Oate of
(Stata of country) was the Care Cuna	What test confirmed diagnosis? Was there an eutopsy?
I 15. MAIDEN NAME Lota May Mereak.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Carroll Caraty	Accident, suicida, or homicide? Date of Injury, 19
2 (Stata or country) Virginia	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Martine . Villy Find	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL On Premises	Menner of injury
Place Chorings and Date June 701935	Nature of injury
19. UNDERTAKER Martin F Killy (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEDJUN 2-01935 La F Handers Registrar.	(Signed) AND M.D. (Addrass) Part DE Lorett M.A.
To the test the contract of th	A STATE OF THE PARTY OF THE PAR

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BECELAED			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

MARGIN

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BEREAL W.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Z

PLACE OF DEATH	STATE OF MARYLAND
County Cacil SHENDARPORATE HIMITS	CERTIFICATE OF DEATH
Village or City Elector (No. Wilson 2FULL NAME Pangs 2	Registration Dist. No. 92 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEY A COLOR OF PACE 5 SINGLE.	
Male While OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 192 to 20 192 f., 192 f., that I last saw h malive on 29 2, 193 f.,
7 AGE 68 yrs. 2 mos. 20 ds. or min.?	and that death occurred on the date stated above, at 11, 45 m. The CAUSE OF DEATH * was as follows:
DOCCUPATION Trade, profession or Day Labory particular kind of work	Column Myorandeles
(b) General nature of industry thusiness, or establishment in which employed or (employer)	(Duration) , yrs. mos. ds.
9 BIRTHPLACE (State or country) Delawar Coly	Contributory Secondary Puration yes yes ds.
10 NAME OF James Melson	(Signed) Jarob Jashannely M. D.
OF FATHER (State or country) OF MAIDEN NAME *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
of MOTHER wang and Cottinghom	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death wis mos. ds. In the State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Morris Nelson	usual residence
(Address) Elkton Ind Rd	Boulder Chapel July 5, 197)
Filed fully 5- 19236 Shaust May's	20 UNDERTAKER ADDRESS ELKton Zu
If more blanks are needed, address State Registra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

06519

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATHL Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons an ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Foreman, For many occupations a or At Home, and children, yrs). Farm laborer, Laborer-Coal minc, etc. without more precise specification as Day For persons who have no occupation (b) Automobile factory. If the occupation has been changed single word or term on not gainfully em-The material Grocery; Wom-

Statement of Cause of Death—Name, first, the bisk EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinds fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by canus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, atie), "Atrophy," "Collapse," "Coma," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarpolic acid-probably suicide. The nature of the injury, causing death), 29 ds.; L. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Chronic peritonaeum, etc., Never report mere symptoms or terminal condi-" "Marasmus, " "Old Age," "Shock," Committee on Nomenclature of the Carcinoma, Sarcoma, etc., of chopncumonia (secondary), valvular heart disease; etc. The contributory " "Convulsions,

If this certificate is looked over thoroughly and a'l questions absvered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is bermanently filed.

1935

15

infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 06520
•—	1. PLACE OF DEATH	(F2-0)
ould occ	County LEC//	Registration Dist. No. 7 93
item of should of OCC	Village or City How/andsville	ND. St. Ward
. w .	Length of residence in city or town where death occurredyrs,9mos	death occurred in a hospital or institution, give its NAME instead of street and number)
Every CIANS ement	m 1. m'	* / /
. = +	2. FULL NAME /1/ary (EWIS /) ESB	<u> </u>
RECORD. Every. PHYSICIAN Exact statemen	(a) Residence: No. (Juai place of abode)	St., Ward. If nonresident give city or town and State
RECO : PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 18 1935
NE C T	5a. If merried, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
O A A S	(or) WIFE of William J. nesbixx	22. n I HEREBY CERTIFY That I attended deceased from
BINJ FERM EX. y cla y cla te.	6. DATE OF BIRTH (month, day, and year) June 27, 1860	liast saw her alive on Juney 18, 1935, death is said
	7. AGE Years Months Days If LESS then	to heve occurred on the date steted above, at 1
FOR IS A I stated properlines	74 // 22 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
- 00	8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. / Yousewife.	Chronic Taralypies Data of one of
RVE C-TH oould may back	Andustry or husiness in which	//
K-K-hou	work was done, as SILK MILL, SAW MILL, BANK, etc	
RESERVEL G INK-THI GE should be that it may be ins on back of	10. Dete deceased lest worked et this occupation (month and year) spent in this 45 up.	
	77 / 0 ://2	Other Contributory Causes of Importence:
ADIN d. A	12. BIRTHPLACE (city or town) 5 0 w am 0 501//6	acute Cerybral Kemorrage
MARGIN UNFADI supplied. n terms, so ee instruct	The state of the s	y trace (apopley) for 18/03
MAR UN suppl a terr	E	A A A A A A A A A A A A A A A A A A A
70	14. BIRTHPLACE (city or town) Malyocom (State or country)	Neme of operation No office aleas Date of
WITH fully plai	15. MAIDEN NAME Martha Mayus!	Whet test confirmed diagnosis? Was there an eulopsy?
N E C	15. MAIDEN NAME Martha Maywell	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
ca rTH port	16. BIRTHPLACE (city or town) County Derrey (State or country)	Accident, suicide, or homicide?
	17. INFORMANT Bertha n. Logan	(Specify eity or toy'n, county and State) Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.
	(Address) Rowlandsville 1. Maryland	Specify whether injury occurred in INDOSTESTIN HOME, SE IN PUBLIC PEACE.
TE PI shou E OF	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury No wagery
On SE	Plece West yother gham bete fuel 22, 79.25	Neture of Injury.
WRITE mation s CAUSE TION is	19. UNDERTAKER J. E. Jugania (Addiess)	24. Was diseese or Injury In eny wey related to occupetion of deceesed?
B F	(124 ging Jun ma.	If so, specify
× × × ×	20. FILED. 19.23	(Signed) M. D.
(fen : 1	Registrat.	(Address) WWW WWW WWW WWW WWW WWW WWW WWW WWW
Un mul	waters state Kegistrar,	2411 14. Courtes Street, Dattimore, Kequesting "U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH 06520

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		94-8	
County Cecil.		Registration Dist. No. 9	2 93
Village or City new	Elston.	NDSt.,	Ward
t make of assidence in alternations where		death occurred in a hospital or institution, give its NAME instead of street and n	umber)
Length of residence in city or town where	death occurred yrs mos	ds. How long In U.S. if of foreign birth?yrsmo	sds.
2. FULL NAME	ezabelle Cli		
(a) Residence: No.	(Usual place of abode)	Ward. If nonresident give city or town and	C
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	State
. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
71 100	OR DIVORCED (write the word)	June 14	193 5
e. If married, widowed, or divorced	- arry w	(Month) (Dey)	(Yeer)
HUSBAND of (or) WIFE of		22. HEREBY CERTIFY That I attended	deceesed from
	1	12 12 1934, to June 14	, 19 5
DATE OF BIRTH (month, day, and yeer)	1-26-1823	I last saw held alive on June 14, 1935	; death is said
AGE Yeers Months	Days If LESS than 1 dey,hrs.	to heve occurred on the date stated above, et	
12 1 %	8 ormin.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were es follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc			
SAWYER, BDDKKEEPER, etc	1 1 0 0	Coronary movesing.	6-14-33
work wes done, as SILK MILL, SAW MILL, BANK, etc.	I class Serl		
10. Date deceesed last worked at this occupetion (month and	11. Totel time (yeers) spent in this	,	
yeer)	occupetion	01. 0 . 0 . 0	
BIRTHPLACE (city or town)		Other Contributory Causes of importance: acute Rhamalic Lener	1934
(State or country)	ech	acute slomerula nechuti	1935
14. BIRTHPLACE (city or town)	lectily		
14. BIRTHPLACE (city or town)		Neme of operation Date of	
(State or country)		Whet test confirmed diagnosis? Was there en e	u'opsy?
15. MAIDEN NAME Edit	La Robairon	23. If death was due to external ceuses (VIOLENCE) fill in elso the following	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	, 19
(State or country)	mu	Where did injury occur?	
INFORMANT OS VILLE	alles	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
(Address) Mune	m, 8.0.		
B. BURIAL, CREMATION, OR REMOVAL	1 9 17 21	Menner of injury	
Piece Museus pu	Date free 1/, 1931	Nature of injury	
UNDERTAKER TPIJ-	form	24. Wes diseese or injury in any wey releted to occupetion of deceesed?	
(Address)	way! Del	If so, specify	
D. FILED June 15 19 35	Fraul From	(Signed) / Released on phonon	M. D
	Registrar.	(Address) new feel De	0

-WRITE

B. ż

PHYSICIANS should state Every item of infor-

INK-THIS IS A PERMANENT RECORD. stated EXACTLY. properly classified.

FOR BINDIN

MARGIN RESERVED

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

AGE should be

ITH UNFADING

Exact statement of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH		
M	infor- state UPA-	1. PLACE OF DEATH	92:00		
VI	ould stat	County Cecil	Registration Dist. No. 4 95		
-	should of OCC	Village or City Bising Sun	No. St War		
	ite of of	/ 11 0 (li	death occurred in a hospital or institution, give its NAME instead of street and number)		
	INS ent	Length of residance in city or town whar death occurredyrsmos	ds. How long In U.S. if of foraign birth?yrsmosds		
	CI Em	2. FULL NAME Jusie Jane Pier	ce .		
	RD. Every YSICIANS statement	(a) Residence: No. / Sussey Lun Ind!	St., Ward.		
-	CORD. Every PHYSICIANS ct statement	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH		
RECORD. Every item of PHYSICIANS should Exact statement of OCC		3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
	A .	Service the word)	6 / 8 193 5		
	NENT CTL) ifed.	5a. If merried, widowad, or divorced	(Month) (Day) (Year)		
BINDIN	RMANEN X A C T I classified	HUSBAND of Cory WIFE of Source Opinion	22. I HEREBY CERTIFY, That I attended deceased from		
Z	KM X X	2 summer proces	, 1935, to (9 - K , 1935		
	PERM EX/ ly cla	6. DATE OF BIRTH (month, day, and yaer) NOV 18 / 8%	I last saw had alive on		
R		7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, atm.		
FOR	IS A stated proper		The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:		
	HIS be of c	8. Trade, profession, or particular kind of work done, as SPINNER, house wife SAWYER, BODKKEEPER, etc.	serione, -		
VE		✓ Moustry or business in which	- Caracco Caracco		
J.R.	NK—T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc	(Cardiac		
SE		10. Date daceasad last worked at this occupation (month and page 11. Total tima (years) spent in this	Cettime		
1	F 65 10	this occupation (month and 925 spent in this occupation	Othar Coutributory Causes of importance:		
	UNFADING upplied. AGI terms, so that instructions	12. BIRTHPLACE (city or town) North East (M)			
MARGIN	FAI ied. ns,	(Stata or country) Cecil Co			
AR		13. NAME Ele Reynolds			
7	S - a	4 14. BIRTHPLACE (city or town) - Wouse Earl	Name of operation		
	Eld .	(Courte of Councily)	What tast confirmed diagnosis? Was there an autopsy?		
	be carefu EATH in important	15. MAIDEN NAME Maragaret Reynolds	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:		
	S H S	16. BIRTHPLACE (city or town) worth Eart ma.	Accidant, suicide, or homicide?		
	PLATALY, hould be ca OF DEATH very import	(State of County)	Whare did injury occur? (Specify city or town, county and State)		
	A D D D	17. INFORMANT LANCOUNTY OF VILLE	Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
		18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
		Placa Brownille Ad Data Level 2/, 1938	Natura of injury		
	-WRITE mation sl CAUSE TION is	10 HUDERTAKES (& TILL)	24. Was disaase or injury in any way related to occupation of daceased?		
10.1	ESE	(Address) Profine Sun And	If so, specify		
V. S. No. 1	m _	100 FUED 6/21 .35=	(Signed) / Cockell M. [
>.	ZOT	20. FILED 20 19 19 Registrar.	(Address) // Ulauna		
	Um	If more plants are needed and rest state Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		
		1 1000000			

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ate A.	STATE OF MARYLAND	CERTIFICATE OF DEATH 06534
	state UPA	1. PLACE OF DEATH	920
-	ould occ	CountyCecl	Registration Dist. No.
(1)	should of OCC	Village or City Oruncypii	No.
Y	E 0 /	(lif	death occurred in a hospital or institution, give its NAME instead of street and number)
1	NS NS	Length of residence in city or town where death occurredyrs	ds. How long In U.S. if of foreign birth?wrsmos
	D. Ever SICIAN tatemen	2. FULL NAME // Lhomas /ce	yriolde not a vellar
	RD. Every YSICIANS statement	(a) Residence: No.	St. Ward. Principio Furna -
		(Usual place of abode)	If nonresident give city or town and State
	F-7 60	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Y. Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (variet the word)	21. DATE OF DEATH
	S I S	Male Whele wishowed	(Month) (Oay) (Year)
2	MANEN A C T I	5a. If married, widowed, or divorced HUSBANO of (er) WIFE-of (I) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
9	A A ass	(or) WIFE of alphons of Howell	Muse 27 25. That I attended deceased fr
BIN	EX Cl	6 DITE OF DIDTH () 10 19 1 1	last saw of Malive on Mark 18 1935 death is e
m	rly H	6. DATE OF BIRTH (month, day, and year) / 8 6 / 7. AGE Years Months Days If LESS than	#2 20
OR	IS A stated proper ertification	11 1 day,hrs.	to have occurred on the date stated bove, at //m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
F	IS A PE stated E properly certificate.	ormin.	were as follows:
Q	FIS be be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	all the state of t
VE	-	3. Industry or business in which	suivile awaren
22	K—T nould may back	work was done, as SILK MILL, from Works	Acoth ine - 10
SE	INI S it	10. Date deceased last worked at this occupation (month and spent in this	vicar over 192
RESERVED		year) occupation occupation	Other Control of the
	So t ctio	12. BIRTHPLACE (city or town) along actors Creek	Other Coatributory Causes of importance:
RGIN	AD ed.	(State or country) Pennylvania	General (theromata)
R	UNFADING supplied. AGI n terms, so tha ee instructions	13. NAME Levi Reynolds	
MA	DHA	13. NAME Levi Reynolds 14. BIRTHPLACE (city or town) Paradox Control (State or country)	Name of operation Date of
_	aii S	(State or country)	What test confirmed diagnosis?
_	full n pl	16. BIRTHPLACE (city or town) Pennsylvania	23. If death was due to external causes (VIOLENCE) fill in also the following:
表	INLY, WI be careful EATH in p important.	0 16. BIRTHPLACE (city or town) Pennsylvania	Accident, suicide, or homicide?
	ATNLY, d be can DEATH y import	₹ (State or country)	Where did Injury occur?
		17. INFORMANT Carl \ Russioldo	(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
	PLA hould OF D	(Address) World East heel	The state of the s
	5-3 70	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
		Place H. Maryo Mullary Date June 23, 1933	Nature of Injury
	-WRITE mation s CAUSE TION is	19. UNDERTAKER JOUGLE PRICALLY	24. Was disease or injury In any way related to occupation of deceased?
To. 1	1771	(Addiess) / With Cost (Mo)	If so, specify
S. No.	M U	10 5050 61/24 35 7 4 Handard	(Signed) L. Fr Magraw.
>	ż	20. FILEO 77, 1930 D. T. TULLUNG Registrar.	(Martess) Terry alle Med.
			2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
			V

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-------	-----	---------	------------	----	-----------

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(46-C)
County	Registration Dist. No. 91
Village or City Lhesapeake Wity	NoSt.,Ward
Length of residence In city or town where death occurred \	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
2 FULL NAME Edward Eventt. /	obling No War Service
(a) Residence: No. Usual place of abode	St. Ward.
(Usualplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Fulue Robbius	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Self 19 1866	Hast saw have alive on Danel (1.4 1935; deeth is sai
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated abova, et
68 8 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence ware es follows:
Z Trade, profassion, or particular kind of work dona, as SPINNER,	A
SAWYER, BOOKKEEPER, atc	muli quancy
work was done, as SILK MILL, SAW MILL, BANK, atc.	and the trul
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, atc. 10. Date dacaased last workad at this occupation (month and 14) spant in this occupation (month and 14) occupation.	The second second
12. BIRTHPLACE (city or town) Bear Branch	Other Contributory Causes of importance:
(State or country) Judicus	- L
14. BIRTHPLACE (city or town) Beau Branch	No -
14. BIRTHPLACE (city or town) Bear Pracele	Name of operation
(State of country)	What tast confirmed diagnosis? Was there an au'opsy?
16. BIRTHPLACE (city or to B) Beau Brusch	23. If daeth was due to externel causas (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?
S 16. BIRTHPLACE (city or to b) (Stata or country)	Where did injury occur?
17. INFORMANT Robbius (Address) Chescher City hus	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL Pleco Sechel Date June 17, 1933	Mannar of injury
19. UNDERTAKER TO WRITE (Addrass) Extern.	24. Was disaase or injury In any way related to occupation of dacaased?
20. FILED 6/17 1935 B. H. Brown	(Signad) Manual M.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

1. PLACE OF	DEATH				•		
County	ecil			Registration Dist. No. 96			
Village or City	Veterans'	Administr	ation Facil (If yrs. 2 mos	death occurred in a horpital or institution, give its NAME instead of street and 8 ds. How long in U.S. if of foreign birth?yrsm	Ward number)		
2 FILL NAME	F POTTOOSS.	sot (279 790	If U.S. Veteran specify WAR World War			
(a) Residence.	NU. AVE FILE	(Usual place	of abode)	tonst., D. C. Ward. If nonresident give city or town and	State		
PERSONA	L AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4	COLOR OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word) ried	21. DATE OF DEATH June 21 (Month) (Day)	_, 193_5		
5a. If married, widowed, HUSBANO of	or divorced			22. I HEREBY CERTIFY. That I attended	danaged from		
(or) WIFE of	Virginia Ca	cam1		April 13 19 35 to June 21			
6. DATE OF BIRTH (mo	nth day and year)	Februar	7 1889.	im Tuno 21 31			
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated abova, at 6:05P_m.			
46	4	-	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1		
Trada nunfession		Shoemak		Hypostatic Pneumonia	0ate of one ot 6-19-35		
	iness in which one, as SILK MILL, BANK, etc				-		
10. Oate deceased this occupati		spai	ime (years) nt In this upation				
12. BIRTHPLACE (city o (State or country	r town) Kio	s. Greece		Other Ceatributery Causes of importance: Dementia Praecox, Hebephrenic Type	10-12-		
13. NAME M	ike Rouooss						
14. BIRTHPLACE (c (State or co	ity or town)	liso, Gre	ece	Name of operation None Data of What test confirmed diagnosis? Clinical Was thara an			
15. MAIOEN NAME	Lumont	Rouooss.		23. If death was dua to external causas (VIDLENCE) fill in also tha followin			
16. BIRTHPLACE (c	ity or town)G			Accident, suicide, or homicide?NOOate of injury Where did injury occur?			
17. INFORMANT	Hospital Re			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.			
18. BURIAL CREMATIO		OTAL OF INCLE		Manner of injury			
	ington, D.		22 , 19 35				
19. UNOERTAKER P	ennington &	Son,	•	24. Was disease or injury in any way retated to occupation of deceased?			
20. FtLED 6/22/	Hayre de	~	occusou	(Signed) W. L. MENG, M. D. Acting Cl.	inical Di		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
		7	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The second second	1 V. S.		

mation should be -WRITE PLAI

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		THIS CORPORAT	E LIMITS OF Paristration Diet No.	92
Village or City Elsa			Registration Dist. No.	/War
Length of residence In city or town where		(II	death occurred in a hospital or institution, give its NAME instead of street	and number)
2. FULL NAME Patrice	a a	nn (Ho	Cland Russell	
(a) Residence: No. 2 6 2 E	24 ight	ol abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATI	
3. SEX 4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month) (Oav)	, ₁₉₃ S
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 20.0		22. I HEREBY CERTIFY. Thet latten	ded deceased fro
S. DATE OF BIRTH (month, day, and year)	May 30	1935	I last saw h_ li elive on	J death is sa
7. AGE Years Months	Oays 7	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, ata.m. The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows:	1
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.			Prematur to	Date of ense
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc				****
10. Oate decessed last worked et this occupation (month and year)	11. Total (spa	time (years) entin this upation		
12. BIRTHPLACE (city or town)ELS	klon	ol .	Other Contributary Causes of Importance:	
13. NAME Charles	Halla	nd		
13. NAME Carles 14. BIRTHPLACE (city or town)	air Dy	till	Name of operation	of an autopsy?
15. MAIDEN NAME Isabe	lla Ru	rell-	23. If death was due to external causes (VIDLENCE) fill in also the folio	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	rth Es	15	Accident, suicide, or homicide? Oate of injury	
17. INFORMANT Charles (Address)	Woll	and	Where did injury occur?(Specify city or town, county and Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Sharehas - Commit	trapate Jun	re 6, 1935	Manner of injury	
19. UNDERTAKER Dr. M. Orfofore (Addiess)	(klon)	norylono	24. Was disease or injury in any way related to occupation of deceased	
20. FILED June 6, 1935 15	ransi.	Program. Registrar.	(Signed) Millord) Sprech (Address) Es llator, hu	er_M.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
H. HOTOE ALL ALL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should occi	County Cecil	
sh	Village or City V 6111	East
ANS	Length of residence in city or town where de	ath occurred by yrs
YSICI	(a) Residence: No. Workland	East Md (Usual place of abode)
PH	PERSONAL AND STATISTIC	CAL PARTICULARS
Γ. X	Jemale Colored	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word
A C T I	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Dounters
	6. DATE OF BIRTH (month, day, and year)	mil 6 187
roperl rtifica	7. AGE Years Months 2	Days If LESS that 1 day,min.
be of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	forewife.
	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	0
	0 10. Date deceesed last worked et this occupation (month and year)	11. Total time (yeers) spent In this occupation
d. A(12. BIRTHPLACE (city or town) Clke (State or country)	Neck ma
plie rms instr	II 13. NAME WW Sta	mond.
y sup ain te See	14. BIRTHPLACE (city or town)	ch Neck
in pl	15. MAIDEN NAME Louise	Thompson,
ATH ipports	16. BIRTHPLACE (city or town) Cle (State or country)	ne sel
r DE	17. INFORMANT Ethel Re (Address)	history md
AUSE OF DEATH in plain terms, so that it may be stated of the property of the	18. BURIAL, CREMATION, OR REMOVAL Place Of Marks QUMP C	Date June 27, 19.
CAU!	19. UNDERTAKER DESALER P.	hant

1. PLACE OF DEATH

	Registration Dist. No. 744	
	NO. R.F. DF2 St.	Ward
	death occurred in a hospital or institution, give its NAME instead of street and no	mber)
mos.	ds. How long in U.S. if of foreign birth?yrsmos	ds.
Se.	LO If U.S. Veteran specify WAR	
	St. O. +- Ward.	
1	If nonresident give city or town and S	itate
	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
)	2,6	193 5
_	(Month) (Day)	(Year)
	22. I HEREBY CERTIFY That I attended d	eceased from
	Felmany, 1935, to June	19.35
	I last saw hele alive on Jene 25 1935	death is said
n	to have occurred on the date stated above, at	
hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
	Uremia	6/22/35
	nephritis	1930
	Ciostic insufficency	1932
	00	
	Other Coutributory Causes of Importance	
	aterio-sclesosis	
	Name of operation	· · · ·
	What test confirmed diagnosis?	
	23. If death was due to external causes (VIOLENCE) fill in also the following:	
	Accident, suicide, or homicide? Date of injury Where did Injury occur?	, 19
	(Specify city or town, county and State Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLA)
	Specify whether injury occurred in INDUSTRY, in HOME, OF IN PUBLIC PLA	VE.
	Manner of injury	
35	Nature of Injury	
	24. Was disease or injury In any way related to occupation of deceased?	to
	If so, specify \(\int_{	
	(Signed) James L. Johnson	
r.	(Address) 2325 High St. Ell	on lud
-	4	7.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Exa	mple I		Example II	
The principal cause of death of importance were as follow	and related causes.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	MIG 1 1900	1921	Run over by street car	1 week ago
Cerebral hemorrhage	5100510	July 5, 1927	Peritonitis	3 days ago
	BUREAU V.	2.		
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

CE OF DEAT	Н			(108)		
ityCe	cil			Registration Dist. No. 96		
			(If	ND. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) 15. ds. How long In U.S. if of foreign birth? 24 yrs. 3 mos. ds.		
				If U.S. Veteran, specify war. World Wa		
Residence: No. 7	aterans!	Adminis:	tration Fac	il Sty, Perweyd. Point, Md. If nonresident give city or town and State		
RSONAL ANI	STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
		OR DIVORCE	D (write the word)	21. DATE OF DEATH June 2 , 193 5 (Month) (Day) (Year)		
ND of	ced		>-V	22. I HEREBY CERTIFY, That I ettended deceased from June 17, 192519 to June 2 19 35		
PIRTH (month day	and year)			I last saw h_im_alive on		
Years	Months	Deys	If LESS than 1 day,hrs.	to have occurred on the date stated above, at6.15A.M.		
				were as follows: Programmonia, hypostetic: 5-31-35		
istry or business in work was done, as SI SAW MILL, BANK, e	which ILK MILL, tc			Duration: forty-seight house		
e deceased last worl this occupation (mon year)1-923	ked at th and	11. Total t spa occ	time (years) ent in this upation			
	Russi	а		Other Contributory Causes of importance: Residuals of encephalitis lethargica, marked Parkinsonian syndrome with		
ie unkn	own (dec	eased)		psychotic manifestations		
	wn) Rus	sia		Name of operation Date of Date of Date of What test confirmed diagnosis? Clinical Was there an eulopsy? DA		
DEN NAME U	nknown	(decease	d)	23. If death was due to external causes (VIOLENCE) fill in elso the following:		
THPLACE (city or tov (State or country)	wn) Ru	ssia		Accident, suicide, or homicide? Date of Injury		
ANT HOS	pital re	cords		(Specify city or town, county end State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
		DateJu	ne 2 ,1935	Manner of injury		
ress) Josep			Balto., Md.	24. Was disease or injury in any way related to occupation of deceased? NO If so, specify (Signed) C.F. DAVIS, M.D. Clinical Direction		
	ge pr City Per th of residence in city L NAME Residence: No. V ge pr City Perry Point th of residence in city or town where of the NAME Semilel Residence: No. Veterans! Residence: No. Veterans! Residence: No. Veterans! Residence: No. Veterans! Residence: Daltiment Resonal And Statist 4. COLOR OR RACE the White d, widowed, or divorced ND of FE of BIRTH (month, day, and year) Years Months 44 2 He, profession, or particular ind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. LISTY or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Lace (city or town) RUS si e or country) THE UNKNOWN (dec THPLACE (city or town) RUS (State or country) THE UNKNOWN THPLACE (city or town) RUS (State or country) ANT HOSPITAL TE TESS) OREMANON, CROPPENDOVAL AKER TESS) OREMANON, CROPPENDOVAL AKER TESS) ge pr City Perry Point, Marylan th of residence in city or town where death occurred L NAME Samuel Sawchuel Residence: No. Veterans! Adminis Recidence, Dating (Usual place RSONAL AND STATISTICAL PART 4. COLOR OR RACE 4. COLOR OR RACE Mite Single, MAR OR DIVORCE Single d, widowed, or divorced ND of FE of BIRTH (month, day, and year) Years Months Deys 44 2 8 Re, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Labore sistry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc a deceased last worked at this occupation (month and year) 1923 0cc LACE (city or town) RUSSIA e or country) DEN NAME unknown (deceased) THPLACE (city or town) RUSSIA (State or country) DEN NAME unknown (deceased) THPLACE (city or town) RUSSIA (State or country) DEN NAME unknown (deceased) THPLACE (city or town) RUSSIA (State or country) DEN NAME unknown (deceased) THPLACE (city or town) RUSSIA (State or country) DEN NAME unknown (deceased) THPLACE (city or town) RUSSIA (State or country) DEN NAME unknown (deceased) THPLACE (city or town) RUSSIA (State or country) DEN NAME unknown (deceased) THPLACE (city or town) RUSSIA (State or country) DEN NAME unknown (deceased) THPLACE (city or town) RUSSIA (State or country) DEN NAME unknown (deceased) THPLACE (city or town) RUSSIA (State or country) DEN NAME unknown (deceased) THPLACE (city or town) RUSSIA (State or country) DEN NAME unknown (deceased) THPLACE (city or town) RUSSIA (State or country) DEN NAME unknown (deceased) THPLACE (city or town) RUSSIA (State or country)	ge Dr City Perry Point, Maryland (If the fresidence in city or town where death occurred 9 yrs 11 mos. L NAME Samuel Sawchuck Residence: No. Vaterans! Administration Face No. Vaterans! Administration Face No. Single, Married, Wilboweb, OR DIVORCED (wince the word) Residence: No. Vaterans! Administration Face No. Single, Married, Wilboweb, No. Deby Deys If LESS than I day, hrs. or min. Ites that I day, hrs. or min. Ide, profession, or particular wind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer Sawchuck Residence: No. Vaterans! Administration Face No. Deby Deys If LESS than I day, hrs. or min. Ites than I day, hrs. or min. Ites than I day, hrs. or min. Ites than I day, hrs. or min. Ites than I day, hrs. or min. Ites than I day, hrs. or min. Ites than I day, hrs. or min. Ites than I day, hrs. or min. Ites than I day, hrs. or min. Ites than I day, hrs. or min. Ites than I day, hrs. or min. Ites than I day, hrs. or min. Ites than I day, hrs. or min. Ites than I day, hrs. or min. Ites than I day, hrs. or min. Ites than I day, hrs. or min. Ites than I day, hrs. or min. Ites than I day, hrs. or min. Ites than I day hrs. or min. Ites than I day, hrs. or h				

-WRITE

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Billiproperson	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
1 ay 1,1923	Gastroenteritis	_
7	1915 1921 Vuly 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car Vuly 5, 1927 Peritonitis Other contributory causes of importance:

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

B.—WRITE PLA

CTATE OF MADVIAND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF DEATH	1
	47.6	
County 2 County	registration bist, No.	
Village or City CellCon	No. St., V death occurred in a horpital or institution, give its NAME instead of street and number)	Ward
Length of residence in city or town where death occurredyrsmos.	ds. How long In U. S. if of foreign birth?yrsmos	ds.
2. FULL NAME Marcella Shiver	· /	
· (a) Residence: No. 114 Landeny Lone (Usuai plant of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	and the same of th
3. SEX Jemale 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Marked	21. DATE OF DEATH (Month) (Day)	35
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Shevery	22 I HEREBY CERTIFY, That I attended deceased May 18 1935 to June >7 19	from
111 7th, 81,	last sawh exalive on Sure 77, 1933 death is	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 5 6 m.	2 2910
6.3 10 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
9 Trade profession or particular	were as follows:	onset
kind of work done, as SPINNER, focuse (aspec	Carcinoma of ling 193	34
John January or business in which work was done, as SILK MILL, Own home	0	
10. Oate deceased last worked at this occupation (month and year) spent in this occupation		
12. BIRTHPLACE (city or town) Pleasant / till Med.	Other Contributory Causes of Importance:	
(State or country)	Carcenoma of medistinum 193	_ 25
13. NAME They they they are the are they are the are they are the are they are they are they are they are they are they are the are the are they are the are they are they are they are they are the		
4. BIRTHPLACE (city or town)	Name of operation Date of	
(State of County)	What test confirmed diagnosis? Was there an autopsy?_	
15. MAIDEN NAME Mary Jave Souchstone	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Mary Jane Jouchetone 16. BIRTHPLACE (city or town) Journal	Accident, suicide, or homicide?	
State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Mad. Shevery (Address) Elflow zud.	Specify whether injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place 1 orun Cart. M. L. Mal Date July, 1935	Nature of injury	
19 UNDERTAKER Joseph R. Frank	24. Was disease or injury in any way related to occupation of deceased? 200	
(Address) north Cash Mid	If so, specify	
20. FILED June 29, 1935 & Frans Frances	(Signed) Mallace my to hison	_M. D.
Registrar.	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

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17. INFORMANT _ (Address)

19. UNDERTAKER

(Address)

(State or country)

Hospital Records

item of infor-

OCCUPA-

Jo

	CTATE O	E 1/4 DV// 4 1/D	CEPTIFICATE OF BEATH ACE	(9.5)
1. PLACE O		F MARYLAND—	CERTIFICATE OF DEATH 065	134
			207-7	
CountyC			Registration Dist. No9	
Village or C	City Veterans!	Administration Fac	ci liNor. Perry Point Md. St., death occurred in a horpital or institution, give its NAME instead of street and a	Ward
Length of resi	idence in city or town where d	eath occurred3_yrs,7mos	How long in U.S. If of foreign birth?	sds.
2. FULL NA	ME SPITHALER	, Martin L. C- 18	198 906 Cellar Velerand	
		Main St., Evens Ci (Usual place of abode)		Siale
PERSON	AL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH June 14 (Month) (Day)	193 5 (Year)
5a. If married, widow HUSBAND of (or) WIFE of		Bloom Spithaler	22. I HEREBY CERTIFY, That I attended of	leceased from
6. DATE OF BIRTH	(month, day, and year)	January 2, 1892	I last saw h alive on, 19,	; death is said
7. AGE Yea		Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at7_2 26_ Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
kind of v SAWYER, 9. Industry or work was	ssion, or particular work done, as SPINNER, , BOOKKEEPER, etcF. business in which s done, as SILK MILL, LL, BANK, etc	armer and mill work	Willed by train on Denneylwania	Date of onset = 14-35
Date decease this occu year)	ed last worked at pation (month and 1920)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (ci	ty or town)But]	ler Co., Pa.	Other Contributory Cances of importance: Demontia Praecox, Hebephranic Type	
13. NAME	Charles	Spithaler		
13. NAME 14. BIRTHPLACE (State or	(city or town) UT	nknown	Name of operationNONG Date of	
15. MAIDEN NA	ME Sophia	(?)	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
Ξ	(city or town)	nknown	Accident, suicide, or homicide? ACCIDENT Date of injury	

18. BURIAL CREMATION, OR REMOVAL Manner of Injury June Nature of injury 24. Was disease or injury In any way related to occupation of deceased? QOR egistrar. Coroner. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Where did injury occur?____

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
ADDITIONAL STADE F	OR BURTH	ER STATEMENTS BY PHYSICIAN	and the second
ADDITIONAL SIGNAL	T/	A. C.	
	7	g-14.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

06533

1. PL	ACE OF DEAT	TH			17			
Co	unty Cecil			STATE LIM	Registration Dist. No. 9	2		
Vil	lage or City	Elkton			NoSt.,	Ward		
Lea	ngth of residence in cit	y or town where d	eath occurred		death occurred in a horpital or institution, give its NAME instead of street andds. How long in U.S. if of foreign birth?yrsm			
2. FU	LL NAME	Stewar	t Cooper	Strickland				
(a) Residence: No		W. Main (Usual place		St., Ward. If nonresident give city or town and	State		
P	ERSONAL AN	D STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX		OR RACE	5. SINGLE, MAI OR DIVORCE	RRIED, WIDOWED, ED (write the word) Arried	21. DATE OF DEATH June 6th, 1935. (Month) (Day)	., 193		
5a. If meri	ried, widowed, or divor BAND of	rced						
	N. C. C.	Lavinia	Strickla	nd.	22. HEREBY CERTIFY, That I attended about 19 27 to June 16 th			
6. DATE C	OF BIRTH (month, day	end year) N	ov.16th	1894	I last saw h im alive of une 6th 1935 death is said			
7. AGE	Years 41	Months 6	Days 20	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, 2.45 P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	10.1		
Z 8. TI	rade, profession, or pa	rticular as SPINNER.	A 3 4.4		Paralysis Agitans & Epidemic	Date of onset		
E GOODATION	dustry or business in work wes done, as S SAW MILL, BANK, e	PER, etc which ILK MILL,	Adverti	sing	Encephalitis About	1923		
7	ate deceased last work this occupation (mon	ked at the and 1923	11. Total t	time (yeers) ent in this 14 yr upation	\$•	-		
	PLACE (city or town)_ tate or country)	Elkto			Other Contributory Causes of Importance:			
œ 13. N/	Dwad Di	more Str	ickland.					
14. BIRTHPLACE (city or town) Cecil County, Md.					Name of operation			
	(State or country)	y Elizab	eth Bett	ers	What test confirmed diegnosis? Was there an	autopsy?		
15. MAIDEN NAME Amy Elizabeth Batters 16. BIRTHPLACE (city or town) Unknown (State or country)					23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, sulcide, or homicide?			
17. INFORMANT Mrs. S. C. Strickland. (Address) Elkton, Md.								
18. BURIAL, CREMATION, OR REMOVAL Place Elkton Cently Date June 9 ,1955.					Manner of Injury			
19. UNDERTAKER 24-W. Pigpin (Address) Elekton will					24. Was disease or injury in any way related to occupation of deceased?	No		
20. FILED	June 8,1	935 / 30	aus É	Marge Rysistrar.	(Signed) . T, Maght. (Address) Elkton, Md.	M, [

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

STATE OF MARYLAND-CERTIFICATE OF DEATH

06535

County Cecil		Registration Dist. No. 96
	(1	f death occurred in a hospital or institution, give its NAME instead of street and number) s. 9 ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Terra Cotta I		
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	IGLE, MARRIED, WIDOWED, DIVORCED (write the word) Single	21. DATE OF DEATH June 10 , 193 5 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Single (or) WIFE of		22. I HEREBY CERTIFY. That I attended deceased from September 1 1931, to June 10 1935
6. DATE OF BIRTH (month, day, and year) NOVEMENT. 7. AGE Years Months 44 6	Days 16 LESS than 1 day,	I last sew h. im alive on June 10 , 19 35; death is said to have occurred on the date stated above, at 3:45 A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
SAW MILL, BANK, etc.	nan, Potomac Yar Alexandria, Va. 11. Total time (yeers) spent in this occupation	General Paralysis of the Insane, July 1931, cerebral type 1931. Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town)Ale xar (State or country)		None
13. NAME Augustus Willia 14. BIRTHPLACE (city or town) Unknow (State or country)		Name of operation None Date of What test confirmed diagnosis? Clinical & Was there an autopsy? NO.
15. MAIDEN NAME Anna March 16. BIRTHPLACE (city or town)	vn	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? NO Dete of Injury , 19 Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Perry Point 18. BURIAL GREMATION, OR REMOVAL Plece Alexandria, Va. Date		Manner of injury
19. UNDERTAKER POHILING TON & SON Havre do Graco, 20. FILED 6/10/35, 19 Charles		24. Was disease or injury in any way related to occupation of deceesed? NO If so, specify Q (Signed) C. F. DAVIS M.D. Acting Manager M. E. C. E. M. (Address) Perpy Point, Md.

If more blanks are needed, address State Registrar, 241 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
		11 101 4 3633	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA 1. PLACE OF DE County Registration Dist. No. Village or City of (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?______yrs._____mos.____ds. Length of residence in city or town where death occurred. statement SI (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Month) (Day) classified. 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceesed from (or) WIFE of certificate. 6. DATE OF BIRTH (month, dev. end year) 7. AGE Months If LESS than Deys to have occurred on the date stated above, at_____m, 1 dey, _____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Date of onest 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, RESERVED SAWYER, BOOKKEEPER, etc. may Industry or business in which pluods work was done, as SILK MiLL, SAW MILL, BANK, etc._____ 10. Date deceased lest worked et 11. Total time (years) this occupation (month end spant in this that occupation ___ instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See Name of operation. Dete of 14. BIRTHPLACE (city or town)_ (State or country) carefully What test confirmed diagnosis? Was there an autopsy?__ MOTHER important. 15. MAIDEN NAME 23. If death was due to external ceuses (VIOLENCE) fill in eiso the foilowing: Accident, suicide, or homicide?______ Date of injury______, 19_ 16. BIRTHPLACE (city or town) DEATH (State er country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMAN plnous OF 18. BURIAL. CREMATION, OR REMOVAL Manner of injury CAUSE Nature of injury. 24. Was disease or injury in env way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar. (Address) ___

BINDIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BURGAU V. E.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

34	(to 10)	+,	

extru my

RESERVED

MARGIN

See instructions on back

3 SEX

7 AGE

6 DATE OF BIRTH

B OCCUPATION

9 BIRTHPLACE (State or country

(a) Trade, profession or marticular kind of work

General nature of industry

business, or establishment in

which employed or (employer)

important. 0 P 11 BIRTHPLACE RENTS OF FATHER CAUS ATION (State or country) 12 MAIDEN NAME PA OF MOTHER d state 13 BIRTHPLACE OF MOTHER (State or country Every item of CIANS should KNOWLEDGE statement of (Address) 15 Filed

PLACE OF DEATH

Ceci

PERSONAL AND STATISTICAL PARTICULARS

(Month)

COLOR OR RACE

5 SINGLE.

MARRIED,

WIDOWED, OR DIVORCED

(Day)

(Write the word) Marke

(Year) [If LESS than

I day hrs.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

(131)

eaus Itospelelse: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE O	F DEATH
16 DATE OF DEATH	, 198 5
	(Day) (Year)
that I last saw h la alive on which	
and that death occurred on the date stated. The CAUSE OF DEATH * was as follows:	above, at
Carolis-vascular	roval dissa
chypertensia - (Duration) 5	yıs ds.
Contributory Thrombons	poplites P-ly
(Signed) Me Lord TI	theche M.D.
*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For Hospitalients or Recent Residents)	ds, Institutions, Trans-
At place In the of deathyrs	yrsmosds,
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the dutics of the laborer, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Physician, worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, without more precise specification as Day Compositor, Architect, For persons (b) Automobile factory. The material (a) the kind of work and also (b) the If the occupation has been changed Laborer-Coal mine, etc. who have no occupation Salesman, (b) Locomotive not gainfully em-The quesengineer, Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important approved by (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., whon a definite disease "Inanition," "Marasmus, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. can be ascertained as the cause. causing death), 29 ds.; L Whooping cough; Chronic valvular heart disease; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Nomenclature Carcinoma, Sarcoma, etc., of Example: Measles (disease " "Old Age, " "Shock," chopneumonia (secondary), affection need etc. Always qualify all The contributory Measles; Ton

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Was thera an autopsy?____

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? _______yrs. _____mos. _____ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) (Year) I HEREBY CERTIFY. Thet I attended deceesed from The PRINCIPAL CAUSE OF DEATH end related causes of importance Data of enset

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V. S. No. 1

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SECT OF MAN			
Other contributor space of the first		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

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